

CORONERS ACT (Northern Ireland), 1959

Deposition of ~~Witness~~ taken on TUESDAY the 18th day
of JUNE 19 96 , at inquest touching the death of

ADAM STRAIN , before me MR J L LECKEY
Coroner for the District of GREATER BELFAST

as follows to wit:-

The Deposition of DEBRA STRAIN

of [REDACTED]

(Address)

who being sworn upon her oath, saith

Adam was born on the 4th August 1991 with dysplastic kidneys also
obstruction and reflux of both ureters. He first started having surgery
at three months old on the 22nd November 1991 when he had his first re-
implantation of his ureters. This took place in the Ulster Hospital and
on the 26th November he was then transferred to the R.B.H.S.C. because
of complications. Between then and early January 1992, he had a further
four re-implatations of his ureters, the end result being the left
ureter had to be joined to the right and then attached to his bladder in
a 'Y' shape. All this proved unsuccessful. In March 1992, because of
severe oesophageal reflux he needed a fundo-plication. Also during this
time and in the months and years following he had three gastrostomy
tubes, two dialysis catheters and also central lines inserted. He
started on peritoneal dialysis in September 1994 for thirteen hours a
night, six nights a week. The last surgery that Adam had before his
transplant was an orchidopexy and gastrostomy button in October 1995.
He also needed to have various tubes removed and tests carried out
which required anaesthesia for short periods of time, but unfortunately
I cannot remember everyone of them. This takes us up to the 26th Nov
1995 when Adam was admitted to Musgrave Ward at 9pm for transplant. As
he did not take anything by mouth and required 2100mls of fluid a day
between midnight and 5am, he was fed approximately 900mls of water through
his gastrostomy button to keep his fluid balance correct. He was taken
to theatre shortly before 7am and at this point I was told surgery was
expected to last between 2 & 3 hours. During the operation Adam's

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AS - PSNI

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was possibly not the way to describe what had happened to our little boy.

I keep thinking and searching for an explanation. One question keeps coming to mind. It concerns Adam's sodium level mentioned in Dr Alexandre

report. I would like to point out that it was commonly known that Adam

had an ongoing problem with his sodium which he was being treated for

and had been for the past four years. If this had any bearing on the

outcome, I would like to know why more care was not taken with this, as

surgery had to be prolonged for such a long period. I would just like

to say that when you give a child life you never expect to have to

watch that being taken away from them, but I did have to and that will

be with me for the rest of my life. My son's full name was Adam Strain.

He was born in Belfast on the 4th August 1991. My full name is Debra

Strain and I am employed as an Accounts Clerk.

Mrs Higgins : I was unhappy about Mr Brown due to a previous surgical procedure. After surgery on the 10th occasion Adam looked very bleated. This was at 12.15 p.m. - I think the operation was over at about noon. Also he was not awake and on previous occasions he recovered from anaesthesia quickly. I produce 4 photographs showing Adam's bleated appearance before and after the operation. C.I. For his sodium problem he had been prescribed sodium bicarbonate and a 100 ml of saline into his feed each day.

AS - PSNI

TRANSCRIPTION OF DEPOSITION OF DEBRA STRAIN

Miss Higgins: I was unhappy about Mr Brown due to a previous surgical procedure. After surgery on the last occasion Adam looked very bloated. This was at 12.15 pm - I think the operation was over at about noon. Also he was not awake and on previous occasions he recovered from anaesthesia quickly. I produce 4 photographs showing Adam's bloated appearance before and after the operation C1. For his sodium problem he had been prescribed sodium bicarbonate and a 100 ml of saline into his feed each day. I did not look into his eyes after surgery. His health was generally good. He was very well nourished and compared with favourably with the other children waiting for kidney transplants. On the last occasion I was not spoken to by any consultant on the morning of the operation. This had always happened previously. The difficulty in inserting a line on the left side might be associated with scarring there from previous procedures.